



ENVIRONMENTAL LEAD INSPECTION SUMMARY

Location Address: _____ Apt. #: _

_____ Telephone #: _____

Property Owner: _____ Telephone #: _____

Address: _____

Inspector Name & Cert. #: _____

XRF #: _____ Radioactive Materials License #: _____

Lead Inspection Date: _____ Common areas: _____ Exterior: _____

Type of Housing: ☐ Private ☐ Rental ☐ Child Care ☐ Other

Age of Facility: _____ Number of rooms: _____

If rental, number of units in facility: _____ Any renovations within past 6 months: Yes / No

Was lead-based paint detected: Yes / No

If yes, was the lead-based paint on: ☐ Interior ☐ Exterior ☐ Other

If yes, were lead hazards present Yes / No ☐ Interior ☐ Exterior ☐ Other

Additional samples collected: ☐ Paint chip ☐ Dust ☐ Water ☐ Soil

Results: _____

Does the owner of the building plan abatement of lead-based paint substances? Yes / No

If yes, will abatement be performed by: ☐ Owner ☐ Lead Abatement Contractor ☐ Undecided

Did you issue a "Lead-Safe Certificate" Yes / No If yes, what is the expiration date? _____

Comments: _____

LEAD INSPECTOR SIGNATURE

DATE

**For each lead inspection performed, you are required to complete this form and return to:
DEP Lead Program, 17 State House Station, Augusta, ME 04333**